



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1545

DATE: September 8, 2015

TO: All Medicaid Providers (Excluding Individual Consumer Directed Attendant Care, Waiver and Dental)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Clarification of Payment for Botox®

EFFECTIVE: October 1, 2015

*******This letter replaces Informational Letter No.1540 dated August 26, 2015*******

This letter is to clarify the claims processing system updates made allowing auto-payment for Botox® when being used for specific diagnoses.

The Iowa Medicaid criteria for botulinum toxins has not changed. The utilization of Botox® (onabotulinumtoxinA) is generally monitored closely due to cost as well as its common use for cosmetic purposes. Other botulinum toxins, including DYSPORT™ (abobotulinumtoxinA), MYOBLOC® (rimabotulinumtoxinB), and XEOMIN® (incobotulinumtoxinA) may also be covered, but are not set up for auto-payment at this time. Claims for these agents will continue to suspend for medical review.

The IME will allow payment for Botox® without clinical review for medical necessity when treating the following medical conditions:

- Cerebral Palsy
- Spastic Monoplegia, Hemiplegia, Paraplegia, or Quadriplegia
- Blepharospasm
- Strabismus
- Spasticity related to Stroke

The IME will consider payment for Botox® *based on a medical necessity review* of submitted documentation when treating the following medical conditions:

- Focal Dystonia
- Cervical Dystonia (Spasmodic Torticollis)
- Chronic Migraines
- Adductor Spasmodic Dysphonia/Laryngeal Dystonia
- Jaw Closing Oromandibular Dystonia
- Meige's Syndrome/Cranial Dystonia

- Spasticity in Multiple Sclerosis
- Hemi facial Spasms
- Primary Esophageal Achalasia
- Chronic Anal Fissure
- Hyperhydrosis
- Intracranial Lesion- or CVA-Induced Voiding Difficulty
- Urinary Incontinence due to Detrusor Over Activity
- Excessive Glandular Secretion Refractory to Pharmacotherapy
- Overactive Bladder (OAB)
- Ptyalism/Sialorrhea

Botulinum toxin therapy is considered not medically necessary for the treatment of wrinkles or other cosmetic conditions. Please note that the following are not covered uses of botulinum toxins as they are considered investigational, experimental or unproven at this time.

- Chronic pain: low back pain, myofascial pain, and chronic neck pain
- TMJ or chronic orofacial pain
- Headache: tension, chronic daily headache
- Tics
- Voiding dysfunction associated with any of the following:
 - Benign prostatic hypertrophy (BPH)
 - Urge incontinence refractory to anticholinergic therapy
- Paralytic scoliosis
- Diabetic gastroparesis

Copies of the medical review criteria for all botulinum toxins are available on request by contacting the IME Medical Services Unit at 1-800-383-1173, locally in Des Moines at 515-256-4623, or by email at PAservices@dhs.state.ia.us.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at ICD-10project@dhs.state.ia.us.